

and are often the first outlet for a significant or idiosyncratic essay which later enters the mainstream of medico-legal jurisprudence as fashions change or subjects come to acquire greater public visibility. Almost every essay in this book illustrates that point.

Consider the importance which, ten or twenty years ago, would have been attached to, and the attention which would have been received by, the persistent vegetative state (here discussed by Bryan Jennett); geriatric medicine (Margot Jefferys); research ethics committees (Claire Gilbert Foster); mass tort claims (Ken Oliphant) and post traumatic stress disorder (Michael Napier). True, there is an imbalance, an unevenness in the quality of these essays, their contemporaneity, the nature of the discussion and the depth of learning, but that does not detract from the overall richness of the book. The remaining essays, by Abdel Haleem (medical ethics in Islam), Andrew Grubb (treatment decisions: keeping it in the family), Susan Jinnett-Sack (autonomy in the company of others) – each of which brings a refreshing and thoughtful approach to its subjects, and Ludovic Kennedy (euthanasia) – in which he returns to familiar ground – complement the dominant theme of this volume, that of decision-making in medical law.

The one essay which is 'missing' from this valuable collection is one which addresses 'choice' and what this might and does mean in health care. That could have considered the relationship between the fashionable concept in Anglo-American medical law and ethics – autonomy – and the decidedly unfashionable one of paternalism. There is a tantalising reference to this interface in Jinnett-Sack's essay (especially at pages 110–111), but she reserves the burden of her thesis (which assesses the usefulness of rights-based analysis) for people '... who arguably do not fit the rational person model ...' and circumstances when '... issues affect third parties as well as the decision-maker ...' (page 97). And Grubb acknowledges that '[t]his area throws up in stark relief the wider question of patients' rights and the role of others and society in making decisions about their medical care' (page ix). But again, he would confine that analysis to people who are incompetent to make decisions and choices for themselves.

Thus, there is no consideration of the nature of choice in medical and

health care, no assessment of paternalism as a form of social insurance, and no examination of whether autonomy can possibly be enhanced by offering choices where one avenue affords no reasonable prospect of a particular outcome. Recall how movingly this was addressed by F G Ingelfinger, the dying former editor of the *New England Journal of Medicine*, in his magisterial essay, 'Arrogance': 'I do not want to be in the position of a shopper at the Casbah who negotiates and haggles with the physician about what is best. I want to believe that my physician is acting under a higher moral principle than a used car dealer. I'll go further than that. A physician who merely spreads an array of vendibles in front of his patient and then says "Go ahead, you choose, it's your life" is guilty of shirking his duty, if not of malpractice' (1).

This is to cavil, however, at an omission which not everyone will bemoan, and which does not detract from the value of this most recent addition to an important series of publications.

## Reference

- (1) Ingelfinger F G. Arrogance. *New England journal of medicine* 1980; 304: 1507–1511. This is quoted and discussed by John Saunders in a chapter entitled 'Medical futility: CPR' in *Death rites: law and ethics at the end of life*, edited by Robert Lee and Derek Morgan. London: Routledge, 1993.

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## Let me decide

William Molloy and Virginia Mephram, 48 pages, London, 1993, Penguin, £3.99

The British Medical Association (BMA) recently recommended us all to complete a signed and witnessed statement of our medical treatment preferences towards the end of life (excluding the choice of positive help to die which remains illegal). Such a document is usually known in this country as an advance directive. Unfortunately they gave us no suggestions about how to do it; at first sight this booklet seems to fill that gap.

The medical procedures that might be used to treat a gravely ill patient are

described in some detail and the reader is invited to consider which would be acceptable, and in what circumstances. This is a complex procedure. A printed form is included on which to record the decisions – unfortunately it is only half the size of the pull-out section in the original Canadian edition so not very convenient to use. It is recommended that there should be two witnesses to one's signature, that the family physician (GP) sign it, and also a proxy. This person, chosen by the potential patient, is to speak in support of the advance directive preferences when the person concerned becomes incapable of speaking on his/her own behalf.

An alternative approach is to forego, in specified circumstances, 'any medical intervention aimed at prolonging my life' rather than to attempt to give detailed treatment instructions. This probably accords better with the doctor-patient relationship on this side of the Atlantic and certainly makes the completion of the document a much less formidable undertaking. Such forms have long been available from voluntary euthanasia societies in this and many other countries.

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## Teaching ethics: an initiative in cancer and palliative care

Education Department, Marie Curie Cancer Care, 25 pages, London, 1992, Marie Curie Cancer Care, £2.50

The senior, harassed and preoccupied health worker, even in such a sensitive area as palliative care, has tended to react to the traditional teaching of medical ethics with discrete indifference, a sturdy belief in common sense and a devout faith that ethical problems are for other people.

Junior colleagues, whose ethical instruction is intermittent and of variable quality, share this attitude and are not inspired by the message of the Hippocratic Oath which they interpret as 'keep your mouth shut, respect your teachers, at least in public, and do not poach their private patients!'

Now, and not before time, there are signs that this is changing. The ethical